

<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET </div> <div style="width: 50%;"> <div style="display: flex; justify-content: space-between;"> <div>SERIAL NO.</div> <div>FILING DATE</div> </div> <div>APPLICANT(S)</div> </div> </div>						
CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
IND	DEP	IND	DEP	IND	DEP	
1						51
2						52
3						53
4						54
5						55
6	/					56
7						57
8						58
9						59
10						60
11	/					61
12	/					62
13	/					63
14						64
15	/					65
16						66
17	/					67
18						68
19						69
20						70
21	/					71
22						72
23						73
24						74
25	/					75
26	/					76
27	/					77
28	/					78
29	/					79
30						80
31						81
32						82
33						83
34						84
35						85
36						86
37						87
38						88
39						89
40						90
41						91
42						92
43						93
44						94
45						95
46						96
47						97
48						98
49						99
50						100
TOTAL IND.	12					TOTAL IND.
TOTAL DEP.	16					TOTAL DEP.
TOTAL CLAIMS	28					TOTAL CLAIMS